

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **9740**

BIRTH NO. _____		REG. DIST. NO. 240		PRIMARY REG. DIST. NO. 5826		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). STATE Missouri b. COUNTY New Madrid			
b. If not within corporate limits, write RURAL and give township OR TOWN Conran				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conran			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0770 16			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Maggie		c. (Last) Howell	
4. DATE OF DEATH		(Month) Mar		(Day) 1		(Year) 1950	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Jan 7 1871	
9. AGE (In years last birthday) 79		If UNDER 1 YEAR Months _____ Days _____		If UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Van Howell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. J. Salatto New Madrid, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) essential hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 33 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 1 , 19 50 , to Mar 1 , 19 50 , that I last saw the deceased alive on Mar 1 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. J. Salatto D.O.		23b. ADDRESS Portageville, Mo.		23c. DATE SIGNED 3-6-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 3 1950		24c. NAME OF CEMETERY OR CREMATORY Portageville		24d. LOCATION (City, town, or county) (State) Portageville Mo.	
DATE REC'D BY LOCAL REG. April 5 1950		REGISTRAR'S SIGNATURE H. L. Ponder		FURNERAL DIRECTOR'S SIGNATURE Deputy Richards		ADDRESS Portageville New Madrid	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 6 1950
District Health Office No. 2
District File Number 450-24
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.